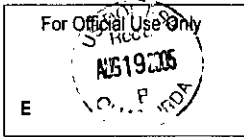


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



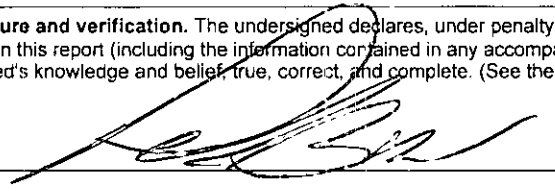
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11011	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Patrick Morin  P.O. Box, Bldg., Room No., if any  Street 270 Motor Parkway  City Hauppauge  State New York ZIP Code + 4 11788-5150	4. Name, file number, and address of labor organization. Name Empire State Regional Council of Carpenters  Labor Organization File Number 038-392  P.O. Box, Building and Room Number, if any  Street 270 Motor Parkway  City Hauppauge  State New York ZIP Code + 4 11788-5150
5. Position in labor organization. President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Industry Fund for Wall-Ceiling & Carpentry  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 301  Street 125 Jericho Turnpike  City Jericho  State New York ZIP Code + 4 11753	7.a. Nature of Interest, Transaction, or Income. Meals and entertainment in the ordinary course of business relating to merger of benefit funds, project labor agreement, charitable causes, Funds educational conference and ways and means to advance the industry.  7.b. Amount.  \$838

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed 	On 8/14/05 Date 914-592-0100 Telephone Number

Name of Person Filing Patrick Morin	File Number U-
-------------------------------------	----------------

<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>	
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Schultheis &amp; Panettieri, LLP</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 210 Marcus Boulevard</p> <p>City Hauppauge</p> <p>State New York ZIP Code + 4 11788-3701</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Schultheis &amp; Panettieri, LLP provides accounting services to the Empire State Regional Council of Carpenters.</p>
	<p>11.b. Approximate dollar value of such dealing. \$50,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Meal in the ordinary course of business to discuss litigation on July 1, 2004.</p>
	<p>12.b. Amount. \$91</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Oppenheimer Funds, Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 225 Liberty Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10281</p>	<p>14.a. Nature of payment.</p> <p>Meal relating to investment management services.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?</p>	<p>14.b. Amount of payment \$252</p>

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Empire State Carpenters Fringe Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 270 Motor Parkway

City Hauppauge

State New York ZIP Code + 4 11788-5150

## 9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Collectively bargained fringe benefit funds between labor organization and employers for the benefit of members.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Benefit Funds educational conference from 10/1/04 through 10/5/04. Costs include travel, lodging and meals.

## 12.b. Amount.

\$1,142

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b>  Name Empire State Carpenters Fringe Benefit Funds  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 270 Motor Parkway  City Hauppauge  State New York ZIP Code + 4 11788-5150	<b>9. Business deals with:</b>  <input checked="" type="checkbox"/> a. Labor Organization  b. Trust  c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	<b>11.a. Nature of such dealing.</b>  Collectively bargained fringe benefit funds between labor organization and employers for the benefit of members.
	<b>11.b. Approximate dollar value of such dealing.</b>
	<b>12.a. Nature of interest held or income received.</b>  International Foundation of Employee Benefit Plans membership dues paid on 11/1/04.  <b>12.b. Amount.</b> \$30

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b>  Name Empire State Carpenters Fringe Benefit Funds  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 270 Motor Parkway  City Hauppauge  State New York ZIP Code + 4 11788-5150	<b>9. Business deals with:</b>  <input checked="" type="checkbox"/> a. Labor Organization  b. Trust  c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	<b>11.a. Nature of such dealing.</b>  Collectively bargained fringe benefit funds between labor organization and employers for the benefit of members.
	<b>11.b. Approximate dollar value of such dealing.</b>
	<b>12.a. Nature of interest held or income received.</b>  Attended trustee meetings for the Benefit Funds. Dates of expenditures were 5/7/04 and 7/21/04. Costs include travel and lodging.  <b>12.b. Amount.</b> \$208

Name of Person Filing Patrick Morin

File Number U-

## Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Name of Person Filing Patrick Morin

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Empire State Carpenters Apprenticeship Comm.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 270 Motor Parkway

City Hauppauge

State New York ZIP Code + 4 11788

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Collectively bargained fund between labor organization and employers for the benefit of members.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Attended trustee meeting for the Committee. Date of expenditure was 4/5/04. Cost includes meal.

12.b. Amount.

\$91

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name N.Y.S. Labor-Management Council</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 153</p> <p>Street</p> <p>City Oswego</p> <p>State New York ZIP Code + 4 13126</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Nonprofit organization to advance the cooperation between labor and management for the benefit of workers.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Travel expenses for meetings in the ordinary course of Council business.</p> <p>12.b. Amount. \$1,580</p>



## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Carpenters Local 1042 &amp; 229 Health Care Fd

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 1280

Street

City So. Glen Falls

State New York ZIP Code + 4 12803

## 9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Collectively bargained fringe benefit fund between labor organization and employers for the benefit of members.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Attended trustee meetings for the Benefit Fund. Dates of expenditures were 8/16/04, 10/5/04 and 10/13/04. Costs include travel, lodging and meals.

## 12.b. Amount.

\$433

Name of Person Filing Patrick Morin

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Adirondack Carpenters Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 1280

Street

City So. Glen Falls

State New York ZIP Code + 4 12803

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Collectively bargained fringe benefit fund between labor organization and employers for the benefit of members.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Attended trustee meetings for the Benefit Fund. Dates of expenditures were 8/16/04, 10/5/04 and 10/13/04. Costs include travel, lodging and meals.

12.b. Amount.

\$433

Name of Person Filing Patrick Morin	File Number U-
-------------------------------------	----------------

**Part C Continuation Page**

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant</b> (including trade name, if any).  Name DG Dickinson Group, LLC  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 825 East Gate Boulevard, Suite 102  City Garden City  State New York ZIP Code + 4 11530	<b>14.a. Nature of payment.</b>  Meal relating to actuarial services.
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> ?	<b>14.b. Amount of payment.</b>  <div align="right">\$150</div>

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant</b> (including trade name, if any).  Name Alliance Bernstein  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1345 Avenue of the Americas  City New York  State New York ZIP Code + 4 10105	<b>14.a. Nature of payment.</b>  Meal relating to investment management services.
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> ?	<b>14.b. Amount of payment</b>  <div align="right">\$60</div>

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant</b> (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	<b>14.a. Nature of payment.</b>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> ?	<b>14.b. Amount of payment</b>

Name of Person Filing Patrick Morin

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name The Marco Consulting Group

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 1220 Adams Street

City Boston

State Massachusetts ZIP Code + 4 02124

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Niagra-Genesee Fringe Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 6570 Dysinger Road

City Lockport

State New York ZIP Code + 4 14094

## 11.a. Nature of such dealing.

The Marco Consulting Group provides investment consulting services to the Niagra-Genesee Fringe Benefit Funds.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Meals and entertainment in the ordinary course of Fund business.

## 12.b. Amount.

\$213